

**ICAP Collaborative PMTCT and Pediatric HIV Strategic Planning Workshop  
In Partnership with Tygerberg Children's Hospital, South Africa and S2S**

Title:	<b>Early infant diagnosis: moving beyond the laboratory</b>
Country	Kenya
Host Name/Title:	Esther Muigai, EID Program officer
Session Goal:	<ul style="list-style-type: none"> <li>To review the optimal programmatic protocols and policies to implement EID programs and compare with current practices.</li> <li>To discuss future direction to enhance EID program implementation</li> </ul>
Learning Objectives:	<ol style="list-style-type: none"> <li>To describe package of care for HEI (<i>includes EID and follow-up</i>) and evaluate current practices</li> <li>To review current practices in linking EID services to PMTCT and HIV care</li> <li>To discuss various strategies that can be used to strengthen linkages of EID services with PMTCT, HIV care and other related services</li> </ol>
Instructional Method(s):	<ul style="list-style-type: none"> <li>Group discussion</li> <li>Case study</li> </ul>
Session Description :	<p><b>0-30 minutes:</b> Case study The whole group will do a case study together. This is a case of Sam, an infant who is HIV- exposed but uninfected at 1<sup>ST</sup> DNA PCR. However at six month his DNA PCR is positive. The case elaborates on the issues discussed during the group discussions above</p> <p><b>31-60 minutes:</b> Group Discussion-The participants will be divided into 2 discussion groups.</p> <p><b>Group 1</b> will be asked to discuss the issues of Caring for HIV-Exposed Infants (HEI) with the following prompting questions to guide them:</p> <ul style="list-style-type: none"> <li>How are HIV- exposed infants followed up in your programs? What care package do you offer them</li> <li>What should be the standard of care for HEI and how can you ensure that the package of care that you offer meets the standards?</li> <li>What are the challenges and obstacles to long term follow up of HEI and what approaches could be employed to overcome them to ensure care and diagnosis of HEI?</li> <li>How will you address the challenge of loss to follow up?</li> <li>How can you strengthen the link with CBOS and use this to minimize loss to follow up?</li> </ul> <p><b>Group 2</b> will discuss Linking EID to HIV Care and other related services with the following probing questions:</p> <ul style="list-style-type: none"> <li>What models of care are in use in your facilities and can be adapted to deliver EID services?</li> <li>How is your EID program linked to PMTCT and MCH services?</li> <li>What strategies can be used to strengthen the link with PMTCT/MCH?</li> <li>How do HIV- positive HEI enroll in HIV care and treatment?</li> <li>What strategies would ensure that all HIV- infected infants are enrolled in HIV Care and initiate treatment if eligible?</li> </ul> <p><b>61-75 minutes:</b> Group presentation Teams will present back their discussion points and deliberate on the main issues</p>

	<p>together.</p> <p><b>76-90 minutes:</b> Summary- Top 5 most innovative strategies to enhance continuity of care for HEI and action points</p>
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**Session Notes and Summary**

**Session name:** Early infant diagnosis: moving beyond the laboratory

**Note taker name:** Kjersti Schmitz

**Major Discussion Points and/or Conclusions:**

**Group 1 responses:**

*1. How are HIV-exposed infants followed up in your programs? What care package do you offer them?*  
 Ethiopia follows up HEI from HIV clinic. Low delivery at hospital needs more follow-up.  
 Tanzania does not have a systematic approach – either through MCH or CTC  
 Lesotho sees HEI in MCH until diagnosed.  
 Packages consist of CTX, growth monitoring, developmental assessments, immunizations, PCR

*2. What should be the standard of care for HEI and how can you ensure that the package of care that you offer meets the standards?*

- DNA PCR 6 wks
- CTX
- Growth and developmental assessment
- Clinical assessment
- Nutritional counseling and assessment
- Manage and treatment of OIs and childhood illnesses
- Infant feeding
- Immunization
- Psychosocial support and Adherence counseling
- TB assessment
- Ensure through: Mentorship, training and supportive supervision, protocol for package dissemination
- Job Aids/Algorithm, Logistics, available resources (scales, drugs, transport, etc...), Evaluation of implementation

*3. What are the challenges and obstacles to long term follow-up of HEI and what approaches could be employed to overcome them to ensure care and diagnosis of HEI?*

<b>CHALLENGE</b>	<b>STRATEGIES TO OVERCOME</b>
Shortage of PCR lab	Decentralize; expand services
Transportation system for samples	Create follow-up system that coordinates follow-up for mother and child
Turnaround time for diagnosis	Continuous technical/medical education for providers
Patients don't return for PCR results	Linkages between services
Uncoordinated services means many appointments	

*4. How will you address the challenge of loss to follow-up?*

Improve facility-community linkages

Strengthen community linkage through stakeholders

Have peers trace HEIs

Mothers' support groups

Community HCW and volunteers

Use mobile phones to SMS appointment reminder

Pull files in advance and note no-shows or compare register

Use PLWHs and associations for community support and peer tracing

**Group 2 Responses:**

*1. What models of care are in use in your facilities and can be adapted to deliver EID services?*

Training nurses in DBS process; follow up systems (ie, infants return at 1 week; 6 weeks)

*2. How is your EID program linked to PMTCT and MCH services?*

EID is in MCH clinic

*3. What strategies can be used to strengthen the link with PMTCT/MCH?*

PMTCT is already in MCH, so add/improve follow-up and counseling

*4. How do HIV-positive HEI enroll in HIV care and treatment?*

ART clinic is in the hospital so mother and baby referred from MCH and physically escorted to Care and Treatment clinic

*5. What strategies would ensure that all HIV-infected infants are enrolled in HIV Care and initiate treatment if eligible?*

Train staff in clinical staging

Make sure clients are physically escorted to HIV care services

Have a coordinated tracking team

Pediatricians visit babies in MCH

Upstream method: Train school kids in life skills